

## **Pre-Application Conference Waiver Request**

Tax Assessor's #:	Date:
Project Address:	
Agent/Applicant:	Owner:
Agent/Applicant Phone:	Owner Phone:
Applicant Address:	Owner Address:
Please give a brief description of the proposed project.	
Please list the reason for your request for waiver of the pre-application conference.	
(If you need additional space, please write on a separate sheet of paper, and attach hereto.)	
FOR OFFICE USE ONLY	
1. The application is consistent with applicable codes and ordinances.	
<ol> <li>The proposed use is clearly listed as a permitted use or a conditional use in the zoning district in which it is located.</li> <li>The applicant demonstrates knowledge and understanding of the city's permit processing procedures.</li> </ol>	
The Director of Planning & Community Development has reviewed this request and found that this project	
requires a pre-application conference	does not require a pre-application conference
Signature of Director (or Director's Designee, Department of Planning & Community Development Date	

Department of Planning & Community Development (206) 780-3770 pcd@bainbridgewa.gov

City of Bainbridge Island 280 Madison Ave N Bainbridge Island, WA 98110-1812

www.bainbridgewa.gov